



APPLICATION DATA SHEET

Application Information

Application number:: 10816639
Filing Date:: 04/01/04
Application Type:: Utility
Subject Matter:: Regular
CD-ROM or CD-R:: No
Title:: APPARATUS AND METHOD FOR
GENERATING A LAMINA OF LIGHT

Attorney Docket Number:: GRAMP006/P06003
Request for Early Publication:: No
Request for Non-Publication:: Yes
Total Drawing Sheets:: 9
Small Entity:: No
Petition Included:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: S.
Family Name:: Graham
Name Suffix::
City of Residence:: Mountain View
State or Province of
Residence:: CA
Country of Residence:: US

Street of Mailing Address:: 704 Calderon Avenue
City of Mailing Address:: Mountain View
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 94041-2314

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Guolin
Middle Name::
Family Name:: Ma
Name Suffix::
City of Residence:: Milpitas
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2169 Yosemite Drive
City of Mailing Address:: Milpitas
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 95035

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: **Full Capacity**
Given Name:: **David**
Middle Name:: **A.**
Family Name:: **Schleuning**
Name Suffix::
City of Residence:: **Oakland**
State or Province of Residence:: **CA**
Country of Residence:: **US**
Street of Mailing Address:: **152 Glenwood Glade**
City of Mailing Address:: **Oakland**
State or Province of Mailing Address:: **CA**
Country of Mailing Address:: **US**
Postal or Zip Code of Mailing Address:: **94611**

Applicant Authority Type:: **Inventor**
Primary Citizenship Country::
Status:: **Full Capacity**
Given Name:: **Warren**
Middle Name::
Family Name:: **Lewis**
Name Suffix::
City of Residence:: **Sunnyvale**
State or Province of Residence:: **CA**
Country of Residence:: **US**
Street of Mailing Address:: **1347 Poplar Avenue**
City of Mailing Address:: **Sunnyvale**

**State or Province of
Mailing Address::** CA
**Country of Mailing
Address::** US
**Postal or Zip Code of
Mailing Address::** 94087

Correspondence Information

Correspondence Customer Number:: 22434

Representative Information

Representative Customer Number:	22434
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Domestic Priority Information

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of:	60/461,047	04/08/2003

Assignee Information

Assignee Name:: Poa Sana, Inc.
Street of Mailing Address:: P.O. Box 391684
City of Mailing Address:: Mountain View
**State or Province of
Mailing Address::** CA
**Country of Mailing
Address::** US
**Postal or Zip Code of
Mailing Address::** 94039-1684